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Service to know when natural and cleansing forces from fire were turning to unnatural disaster, if indeed they ever were, it is difficult for humans to know when to stand back and let the tides of fate preside over our mortality.

Even as we wring our hands over the scars of the burning of thousands of acres of spindly, really not so beautiful lodge-pole pines, we must remember that Old Faithful and all the geysers will still erupt on the same schedule, the falls in the flow of the Yellowstone River will continue, the reflections on the lake will still sparkle in the sunset, and even the historic and hoary Old Faithful Lodge will remain to welcome us. The park will be there for our children and our grandchildren. The folks we entrusted to preserve our national wonders did not fail us.

This conflagration may be seen as a disaster or as a spiritual metaphor for us in grasping our own mortality. I do not expect the people who live in the park to accept the loss of their homes and their surroundings with total equanimity—they are much too close. I do not expect the relatives of the very sick and dying to be any more philosophical. But as a civilization there must be a lesson for us in observing the natural ebb and flow of nature in what has just happened to our oldest national park.

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Cancer Patients and Sperm Banking

To the Editor: Today, many patients are surviving leukemia and cancer treatments and going on to live normal, productive lives. A part of that new life for some patients is the desire to have children. Unfortunately, chemotherapy and radiation leave most men sterile; yet, there is a way for these patients to still have their own children—through sperm banking.

This subject is not being discussed with the patient and his family often enough—in fact, almost never. Some patients, because of the progression of their disease, are unable to store sperm, but many are able and do have the time to delay treatment in order to store sperm.

Please help me get this message to physicians. Having something to hope for can give the patient the will to live that truly can make all the difference. My husband was one of the lucky ones. Even though I was told to think about funeral arrangements, Dave survived, and today we are the proud parents of the first child born to a Fred Hutchinson Cancer Research Center leukemia patient who stored sperm! Our story is one of hope and joy. Maybe it is about time the successes are shared.

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Prevention Is the Answer

To the Editor: The editorial in the May 1988 issue of the journal¹—"Can Any Good Come From AIDS?"—merits some observations. You point out that the disease is lethal, it is spreading, and yet there has been no *scientific* way to prevent or cure it.

The acquired immunodeficiency syndrome (AIDS) needs to be considered in perspective. That it is indeed a terrible and devastating disease, no one can deny. Since AIDS was discovered, however, we have documented fewer than 40,000 deaths in the United States, and we are concerned that we may be having over 50,000 deaths a year by the early

1990s. That is indeed a tragedy. Why are we not equally as concerned that before this year ends we will have had nearly 140,000 deaths from lung cancer, mostly from cigarette smoking? Why are we not equally as concerned about the thousands of people who are killed and maimed by drunk drivers each year? Why are we not equally as concerned about the 1,000 people who die before their time every day in this country just from smoking cigarettes?

Half of all deaths in this country are from a single pathological process—atherosclerosis, the underlying cause of most heart attacks and strokes. Nearly a fourth now die of cancer. There is overwhelming evidence that both of these major problems are highly related to poor life-style choices or eating habits.

There is great concern over the increasing cost of health care. Currently, most of our emphasis in medicine is on what we would call crisis medicine—diagnosing and treating established disease. I cannot think of any disease that has been conquered with diagnosis and treatment. As long as we do nothing to slow down the flow of sick people, we will continue to find ever more sophisticated and expensive means of diagnosing and treating their diseases.

Prevention is the answer to the high cost of medical care. This will require massive education of the public to help them make appropriate life-style and dietary choices.

One of the good things that may come out of AIDS is the massive public media attention to the fact that prevention is the answer not only to AIDS but to cardiovascular disease, cancer, and many other diseases that afflict our population.

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REFERENCE

1. Watts MSM: Can any good come from AIDS? (Editorial). West J Med 1988; 148:573

Of Surgeons and Football Players

To the Editor: Surgeons are to medical practice what professional football players are to sports. The main difference in the two is that pro football players must please millions of viewers, whereas surgeons are responsible to only one. Nevertheless, both have a right to a level playing field.

The requirement that patients be admitted to hospital the day of a major operation causes a tilt of the field against the surgeon comparable to a football rule that prohibits a huddle throughout a game.

The liability imposed on surgeons by not allowing them time to get the operative act together is comparable to the football player being assessed \$100,000 for each dropped pass.

Pro football players and surgeons do not part company even when it comes to the bottom line: a good result is not just the best thing, it is the *only* thing.

Efforts of chiefs of surgery and administrators to make surgeons comply with unreasonable constraints are downright immoral. This is no time to improve the bricks and mortar of the gas ovens—it is time to refuse to comply.

Vice President Bush wants a kinder and gentler nation. Physicians have been in favor of that idea for centuries, so it is time the government freed them up to let them make good on that ideal again.

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